

S/N: TBA

2/20/2004

Docket No.: OGA-210-USAP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: TO BE ASSIGNED

Confirmation No.: TO BE ASSIGNED

Applicant: Masafumi TABUCHI et al.

Art Unit: TO BE ASSIGNED

Filed: February 20, 2004

Examiner: TO BE ASSIGNED

Docket No: OGA-210-USAP

Customer No: 28892

For: Endoscope Pretest Capsule

UTILITY PATENT APPLICATION TRANSMITTAL

IN ACCORDANCE WITH 37 CFR §1.53 (b)

US Patent & Trademark Office
2011 South Clark Place
Customer Window, Mail Stop: PATENT APPLICATION
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

Sir:

This application is a:

X New Application.

___ Continuation

___ Divisional of U.S.P.T.O. Serial Number _____, filed

___ Continuation in Part of U.S.P.T.O. Serial Number _____,
filed _____.

The undersigned has been authorized by the Applicant(s),

Masafumi TABUCHI
Shinji TAKEUCHI

Shuichi YAMATAKA

FOR: Endoscope Pretest Capsule

to file the attached specification and required drawings. Please
assign a serial number and accord a filing date to this prospective
application.

031356 U.S. PTO
10/781944



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Enclosed are:

9 pages of Specification,

2 pages of Claims,

1 page of an Abstract, and

2 sheets of Drawings. Total pages in the disclosure are 14.

X Return Receipt Postcard (MPEP 503).

 Newly executed (original or copy) Oath or Declaration with
Power of Attorney

 Signed Statement deleting inventor(s) named in prior
application.

 Applicant claims Small Entity status under 37 CFR §1.27.

 Assignment of the Invention and check for \$40.00.

X A certified copy of Priority Document.

 A Preliminary Amendment.

 Letter to the Official Draftsperson and amended drawing(s).

X An Information Disclosure Statement (IDS)/PTO Form 1449.

 The basic filing fee of \$770.00.

 The fees for the claims to be calculated as follows:

Claims Presented		Less Entitlement		Additional Fees			
				Small Entity		Large Entity	
Total	6	Minus	20	x \$9=	0.00	x \$18=	0.00
Indep.	1	Minus	3	x \$43=	0.00	x \$86=	0.00
New Multiple Dependent Claims		-0-		x\$145=	0.00	x\$290=	0.00
And Claims Dependent Thereon		-0-		x\$145=	0.00	x\$290=	0.00
TOTAL ADDITIONAL FEE				0.00		0.00	

___ A check in the total amount of \$_____ is enclosed to cover filing fee, Recordation of Assignment fee, and excess claims fee.

X The Commissioner is hereby authorized to charge to my Deposit Account No. 19-2816 any fees required under any of 37 CFR §§1.16 to 1.17 at any time during the pendency of this application, except for the filing fees associated with this transmittal.



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Date: February 20, 2004

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